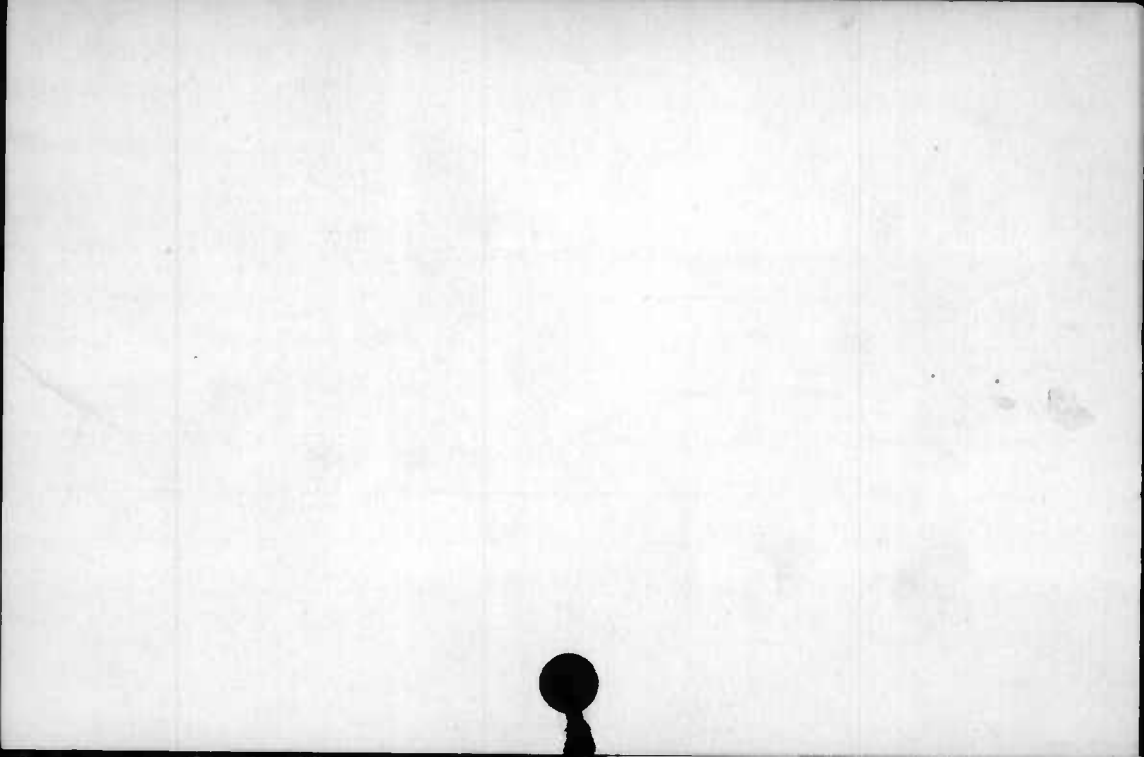


Name in Full		MARTHA W BARCKLEY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico	
	Date of death		1906	Month	Feb	Day	14
	Age		73	Years	5	Months	
	Sex	Female		Color or Race	White		Birth-place
	Occupation		House work		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Ebenzer Disharoon		Father's Birthplace		Md
	Mother's Maiden Name		Charlotte W Cullen		Mother's Birthplace		Md
	Name of person giving information		Bertie Throughgood		How related to deceased		Daughter
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Carcinoma of right breast			How long	
	Immediate		Exhaustion following removal of lump			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes				
	Signature of Physician		J. M. Smith				
	Address		Salisbury, Md				
Accident or Suicide?		no					



Name in Full

Certificate of Death

Flora B. Bennett

Town

County

MARYLAND

Died at her home Mccomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

2, 19

Age 20, 2

Md

Lady

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Wife of Wiley Bennett

Father's Name Jas B. Jewell

Mother's

Maiden Name

Ella, Budd

Cause of Primary

Death Immediate

Brain Fever

How long sick

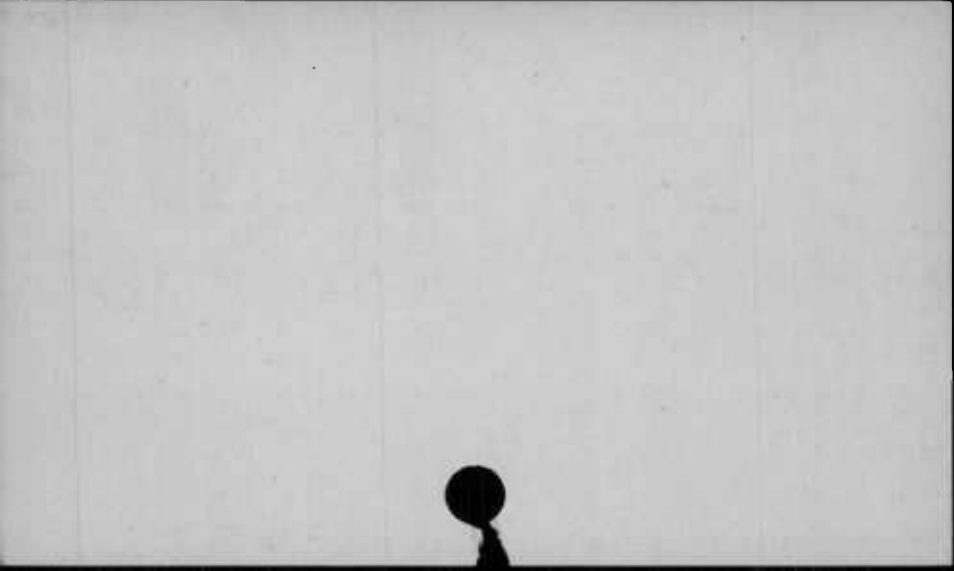
10 d

Accident, Suicide, Homicide

Reported by J. L. English coroner

Address Macedonia Spgs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lillie Bennett</i>		Town <i>Riverton</i>		County <i>Wisconsin</i>		STATE <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>18</i>	
Age <i>21</i>		Years <i>21</i>		Months <i>4</i>		Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maudela</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Willie Bennett</i>					
Father's Name <i>Book Sawell</i>		(108)		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Mary</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Willie Bennett</i>				How related to deceased <i>Husband</i>			

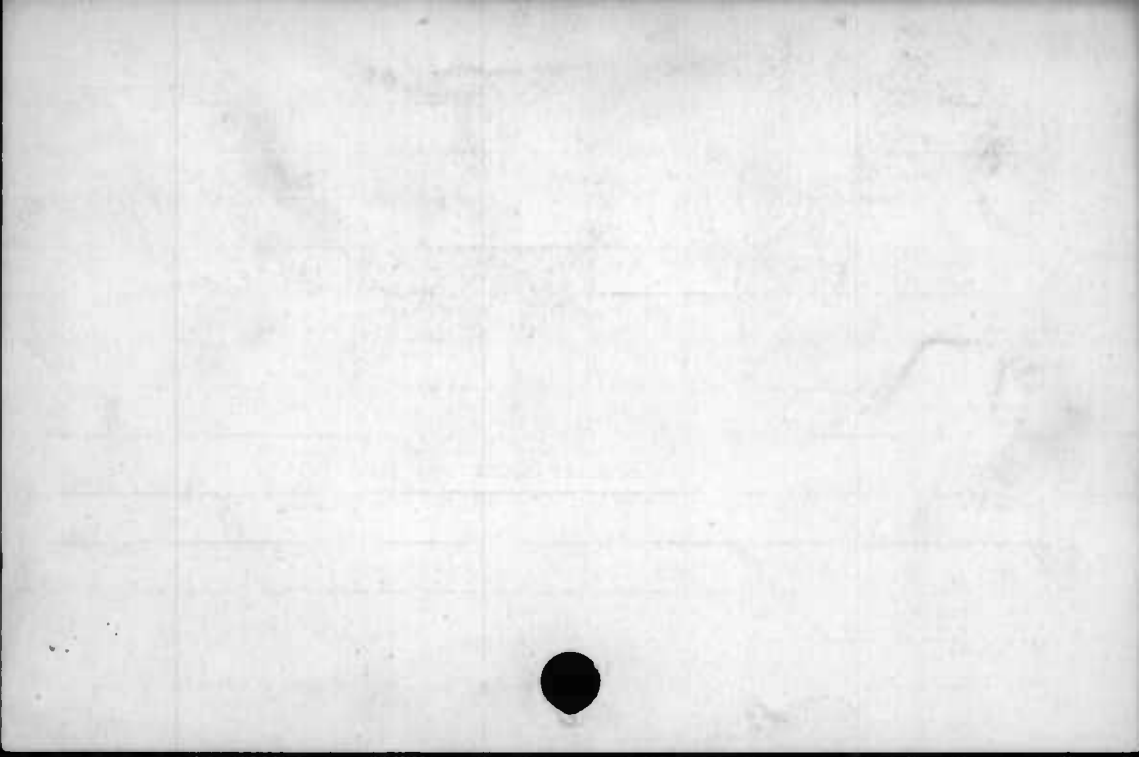
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Obstruction</i>		How long <i>1 week</i>	
Immediate <i>Cardiac failure</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Cassano</i>	
		Address <i>Sharplow - Md</i>	
Accident or Suicide?			



Name in Full <b>Louisa Bradley</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <b>near Utter</b>		<sup>County</sup> <b>Wicomico</b>
	Date of death <b>1906</b>		<b>2</b>
	Day <b>3rd</b>		Years <b>60</b>
	Sex <b>Female</b>		Color or Race <b>white</b>
	Occupation <b>House Wife</b>		Birth-place <b>Ind.</b>
	Where Residing if not at place of death <b>home</b>		
	Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Ferdinand Bradley</b>
	Father's Name <b>Julian Bedworth</b>		Father's Birthplace <b>Ind.</b>
Mother's Maiden Name <b>Sally Bailes</b>		Mother's Birthplace <b>Ind.</b>	
Name of person giving information <b>Ferdinand Bradley</b>		How related to deceased <b>Husband</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Heart Disease</b>		How long <b>3 years</b>
	Immediate <b>anuresis &amp; Debility</b>		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J M Eldredge</b>
	<b>Wardella</b>		Address <b>Primer Ind.</b>
	Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

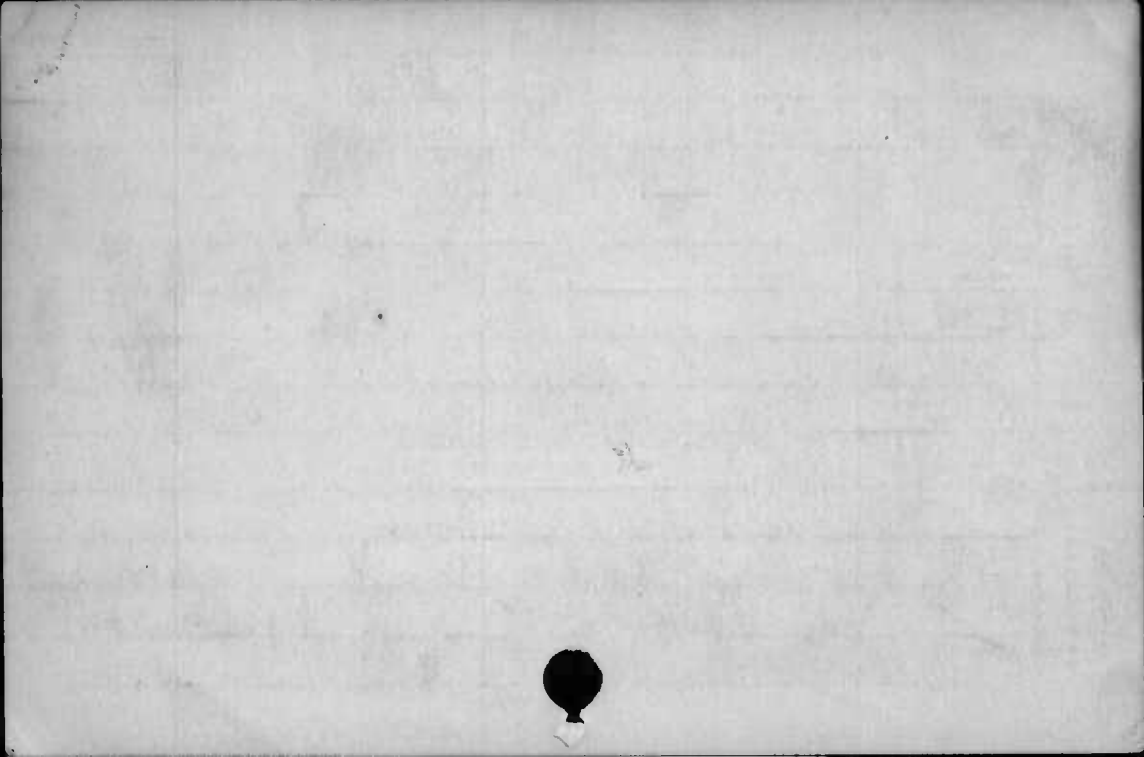
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Adel</i>		Town <i>Adel</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>12</i>	Years <i>34</i>	Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Delilah Lockray</i>					
Father's Name <i>Samuel Lockray</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name		Mother's Birthplace <i>"</i>					
Name of person giving information <i>a &amp; Sealance</i>		(79)		How related to deceased			

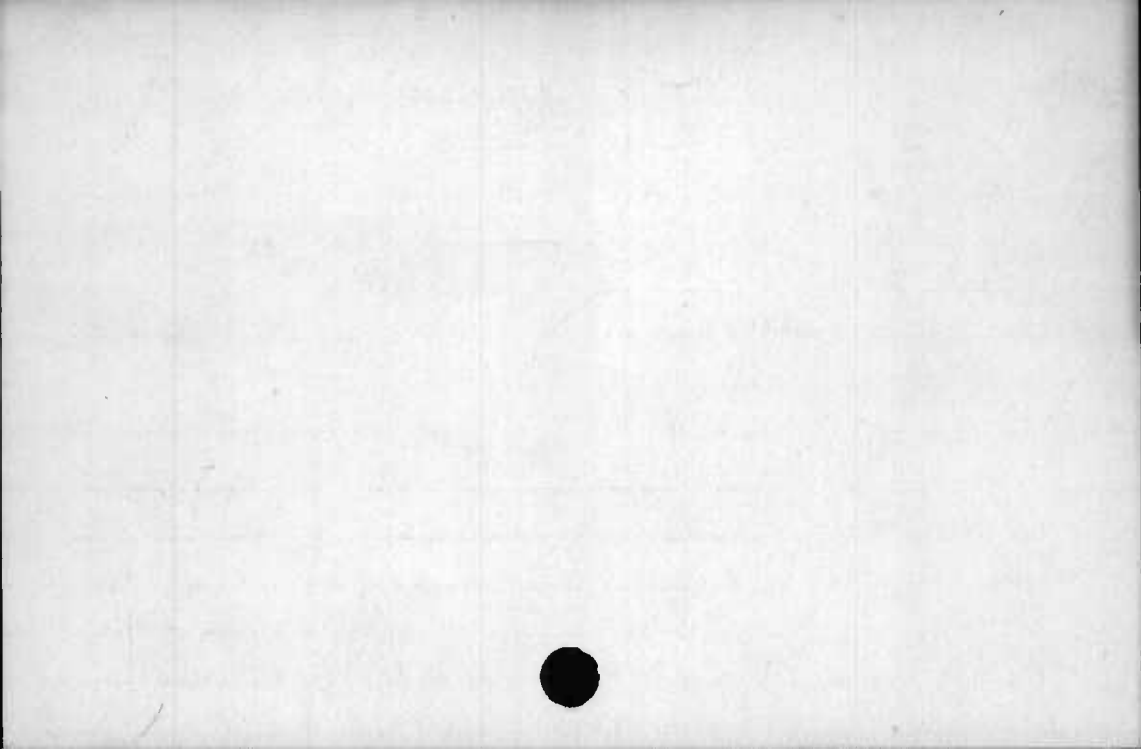
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>2 years</i>
Immediate <i>Failure Cardiac Compensation</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Elderdice</i>
	Address <i>Marble Springs Md.</i>
Accident or Suicide?	



Name in Full		George T. Colona				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>62</i>	Years <i>62</i>	Months <i>7</i>	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
	Occupation <i>Laborer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha G. Colona</i>				
	Father's Name <i>Geo. Colona</i>		Father's Birthplace <i>Virginia</i>				
	Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>---</i>				
	Name of person giving information <i>Geo. A. Colona</i>		<i>(166)</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Accident in Steam Mill</i>			How long <i>Sudden</i>	
	Immediate		<i>Stroke</i>			How long <i>1/2 hour</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>F. M. Simons M.D.</i>		
					Address <i>Salisbury Md</i>		
	Accident or Suicide?		<i>Accident</i>				



Name  
in  
Full

## CERTIFICATE OF DEATH

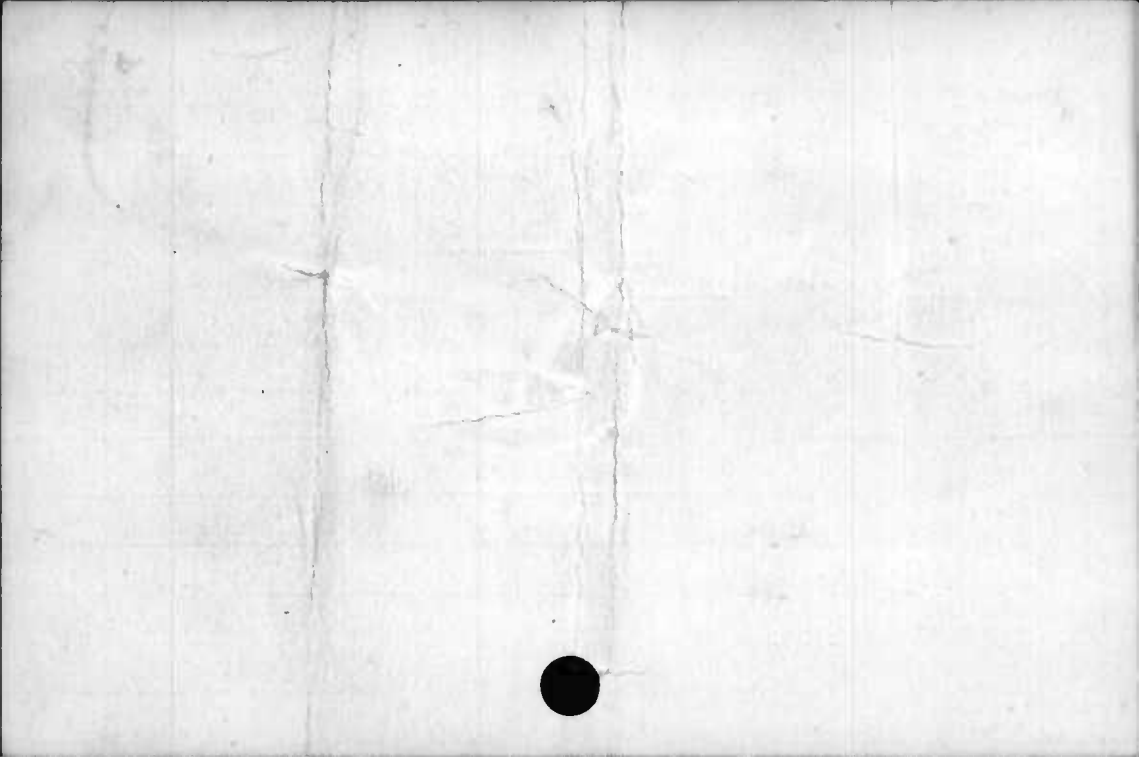
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary C Washell</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death <i>1906 Feb</i>		Age <i>3</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Salisbury Md</i>		Days <i>1</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Washell</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Cornelia Washell</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Rayfield Washell</i>				How related to deceased <i>Grandchild</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe or Cold</i>		How long <i>3 or 4 weeks</i>	
Immediate <i>Pneumonia</i>		How long <i>4 or 5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. W. Todd</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name  
in  
Full

Carroll J. Dennis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	Feb.	Day	26
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Near Salisbury, Md.	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Oscar B. Dennis			Father's Birthplace	Wicomico Co., Md.
Mother's Maiden Name	Carrie W. Donaway			Mother's Birthplace	Del.
Name of person giving information	Oscar B. Dennis			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>5 days</i>
Immediate	<i>Capillary Bronchitis</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. W. Todd</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Florence M. Hayman</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death <i>1904 Feb.</i>		Day <i>7th</i> Age <i>23</i>		Months <i>24</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Worcester Co., Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>In Somerset Co., Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ottis J. Hayman</i>					
Father's Name <i>Montgomery Stagg</i>		Father's Birthplace <i>Worcester Co., Md.</i>					
Mother's Maiden Name <i>Lucy E. Pollitt</i>		Mother's Birthplace <i>Somerset Co., Md.</i>					
Name of person giving information <i>Ottis J. Hayman</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

Primary <i>Purpural sepsis*</i>	How long <i>18 days</i>
Immediate <i>Septic intoxication</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. White</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	

This case was delivered by a  
colored midwife, and was not seen  
by a physician until the 8<sup>th</sup> day. I  
saw her on the 11<sup>th</sup> day; as she had  
no one (competent) to nurse her I brought  
her to the Peninsula General Hospital  
where she died -

J. McPherson

Name

in  
Full

## CERTIFICATE OF DEATH

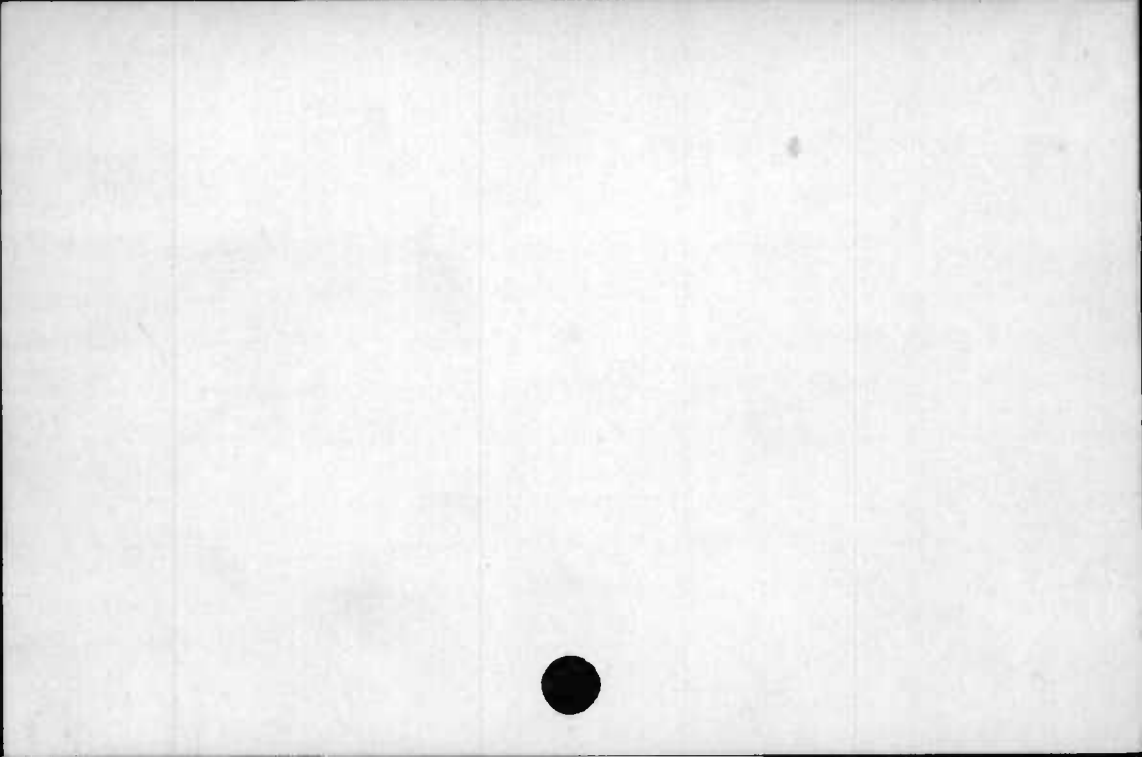
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Storner (m m)</i> County		MARYLAND	
Date of death	<i>1906 July</i> Month	<i>13</i> Day	Age	<i>4</i> Months	<i>10</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Salisbury</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband			
Father's Name	<i>Don't Know</i>			Father's Birthplace	
Mother's Maiden Name	<i>Isabel Horner</i>			Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Don't Know</i>	(179)	How long
Immediate	<i>Dyspnea</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. B. Hemmons M.D.</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name  
in  
Full

Hattie V. Hudson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Armitland</i>		Town <i>Wicomico</i>		County		MARYLAND		
Date of death	<i>1906</i>	Month <i>Feb.</i>	Day <i>20</i>	Age	<i>21</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Wicomico Co., Md.</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>John Hudson Jr.</i>				
Father's Name	<i>Francis H. Jones</i>					Father's Birthplace	<i>Wicomico Co., Md.</i>	
Mother's Maiden Name	<i>Angelina Stanford</i>					Mother's Birthplace	<i>11</i>	
Name of person giving information	<i>F. H. Jones</i>					How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cellulitis of Breast</i>	How long	<i>2 weeks</i>
Immediate	<i>Blood Poison</i>	How long	<i>about 7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. W. Ladd</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name  
in  
Full

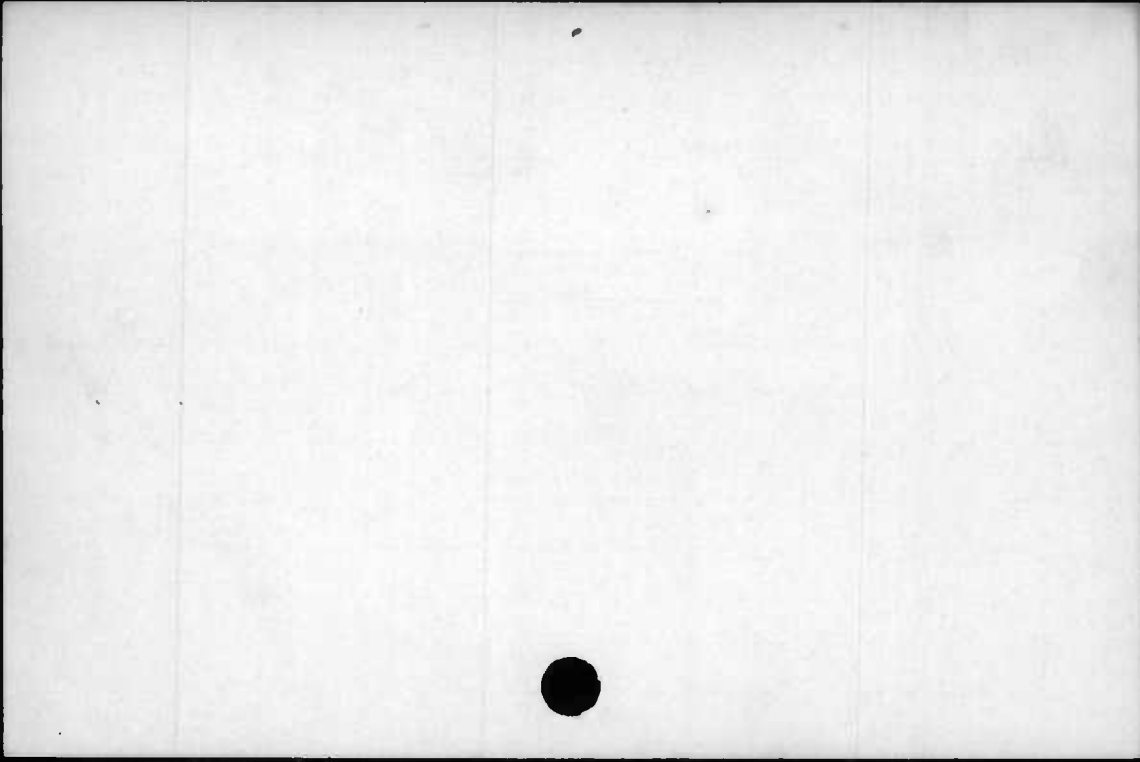
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	<i>Feb.</i> <small>Month</small>	<i>2nd,</i> <small>Day</small>	<i>77</i> <small>Years</small>	<i>one</i> <small>Months</small> <i>one</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Salisbury Md.</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Richard P. Jones</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Lemon</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>Richard Dashill</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

Primary <i>Mainly Arteriosclerosis.</i> <b>(81)</b>	How long <i>2 or 3 years -</i>
Immediate <i>Paralysis of Heart Muscle.</i>	How long <i>2 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Humphreys,</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide? <i>No.</i>	





Name  
in  
Full

James Frank Law

## CERTIFICATE OF DEATH

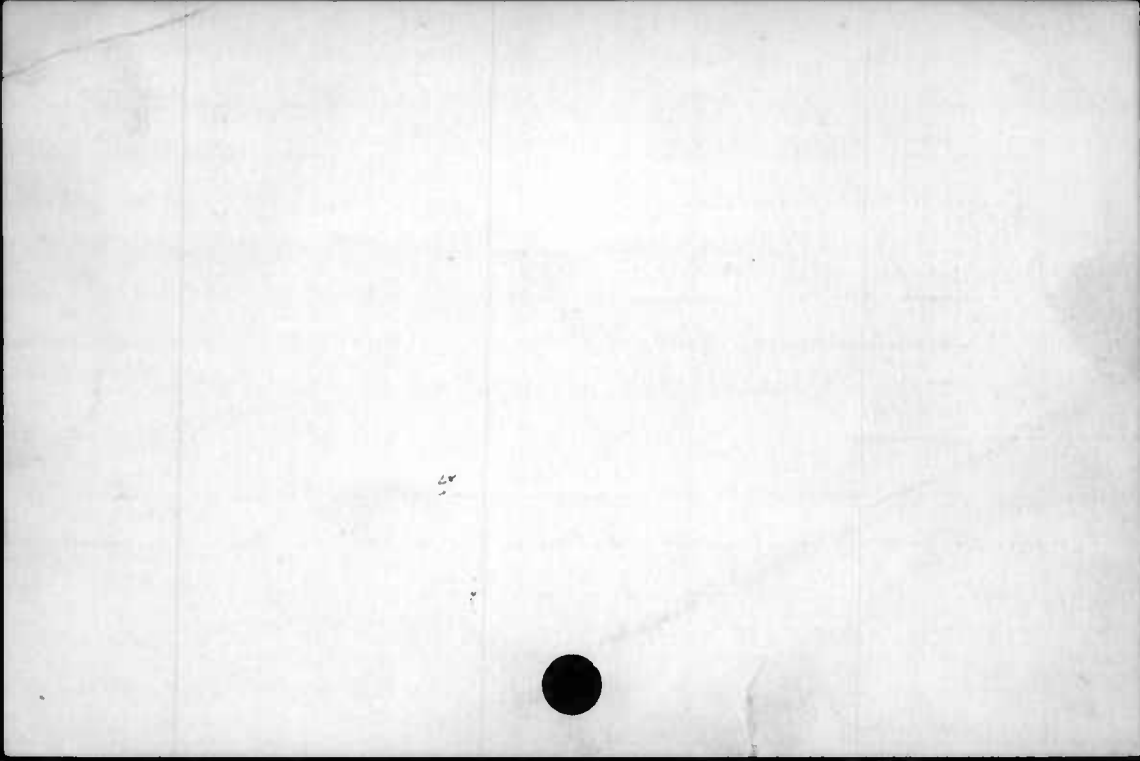
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wango</i>		Town <i>Wango</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Feb.</i>		Day <i>27</i>		Years <i>15</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>near Winton</i>		Months <i>7</i>	
Occupation <i>Farming</i>		Where Residing if not at place of death <i>at home near Wango</i>		Years <i>15</i>		Days <i>15</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband		Father's Birthplace <i>Wango</i>		Mother's Birthplace <i>Spirit Hill</i>	
Father's Name <i>William Earnest Law</i>		Mother's Maiden Name <i>Mary Ellen Fowler</i>		Name of person giving information <i>Agnes B. Law</i>		How related to deceased <i>brother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronche Pneumonia</i>	How long	<i>18 days</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. A. Holland</i>	
Address		<i>Portwellville</i>	
Accident or Suicide?		<i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

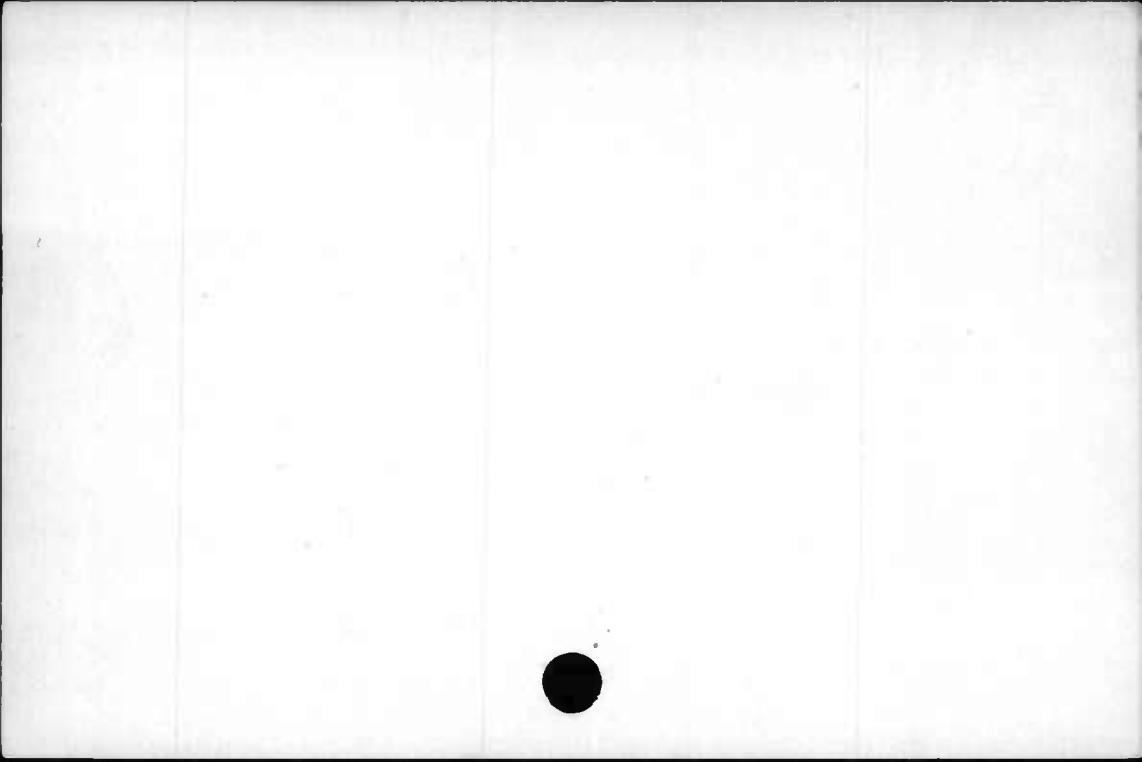
TO BE ANSWERED BY  
NEAREST FRIEND

Baby of William Owens				Town		County		MARYLAND	
Died		near Quantico		Wicomico					
Date of death		1906		Month		Feb		Day	
		16		Age		Born		Dead	
Sex		Female		Color or Race		White		Birth-place	
								near Quantico	
Occupation		none		Where Residing if not at place of death		near Quantico			
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		William Owens		Father's Birthplace		near Quantico			
Mother's Maiden Name		Minnie Owens		Mother's Birthplace		..		Do	
Name of person giving information		W. H. H. Dashiell		How related to deceased		none			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(S)	How long
Immediate	Mal Presentation with Suffocation	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	W. H. H. Dashiell
	Address	Quantico Md
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

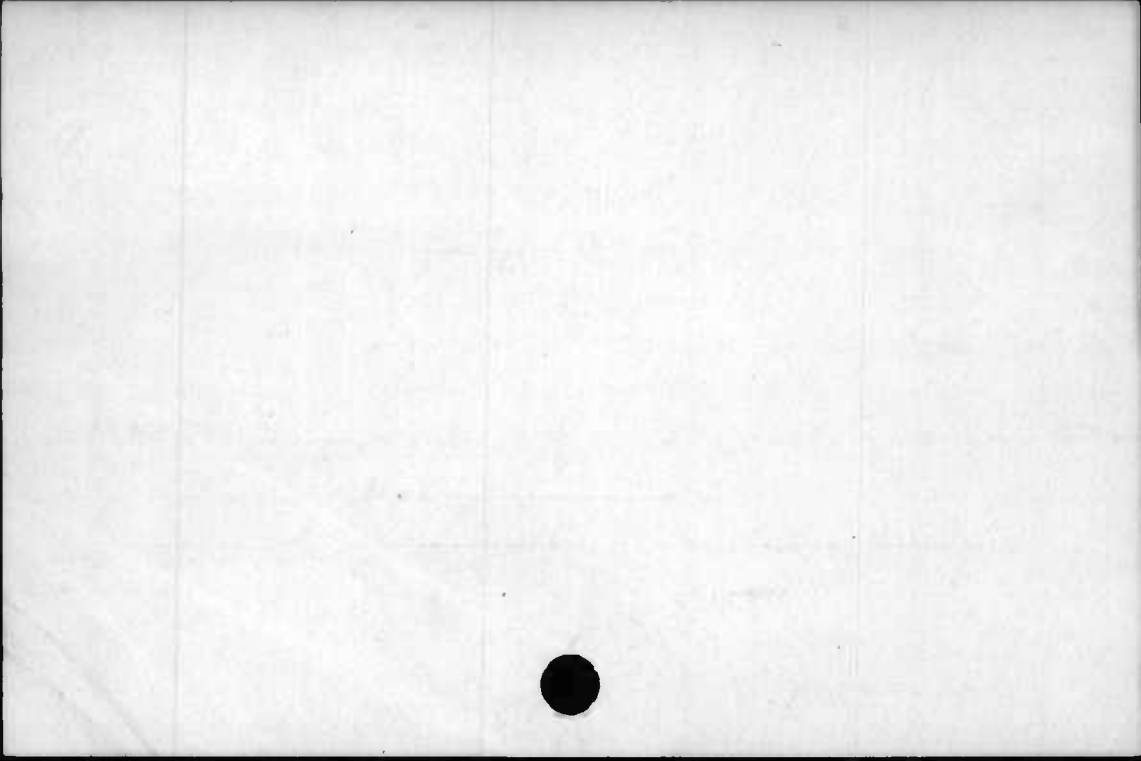
Name in Full <i>Gertrude Robins</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>13</i>		Years <i>24</i>	
Date of death <i>1906</i>		Months <i>5</i>		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i> Md</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Harvey Robins</i>		Father's Birthplace <i> Md</i>					
Mother's Maiden Name <i>Mary H. Hearn</i>		Mother's Birthplace <i> Md</i>					
Name of person giving information <i>Mary H. Robins</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

Primary	<i>Cancer of stomach</i>	How long	<i>6 months</i>
Immediate	<i>Stomach malnutrition</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Francis Spring M.D.</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			









Name in Full

Certificate of Death

Hiram Taylor

Town

County

Died at Near Mardela Springs Wicomico

MARYLAND

Date 1906 Feb- 13 Y 76 M 9 D 10 Native of Maryland Occupation Farmer

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Hester A. Howard -

Father's Name Levin Taylor Mother's Name Tempy Taylor

Cause of Death { Primary Chronic Dehydration 10 years

Immediate Mania (120) How long sick 10 years

Accident, Suicide, Homicide

Reported by

Address

A. L. Seaboard

Mardela Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 85968

$$\begin{array}{r} 6.00 \\ 123- \end{array}$$

$$\hline 7.25-$$

$$\begin{array}{r} 0.515 \\ 35.54 \end{array}$$

Name In Full

Certificate of Death

Still-Borned Child Walke

Died at *at home* Town *Wicomico* County *MARYLAND*

Date 19 *06* Month *2* Day *3* Age *---* Native of *md* Occupation *---*

Male ☒ White ☒ ~~Black~~ Widow ☒ Divorced ☐ *---*

Female ☐ Colored ☐ Single ☒ Widower ☐ Number of children living *---*

Husband of *---*

Wife *---*

Father's Name *L. W. Walke* Mother's Name *L. A. Bennett*

Maiden Name *L. A. Bennett*

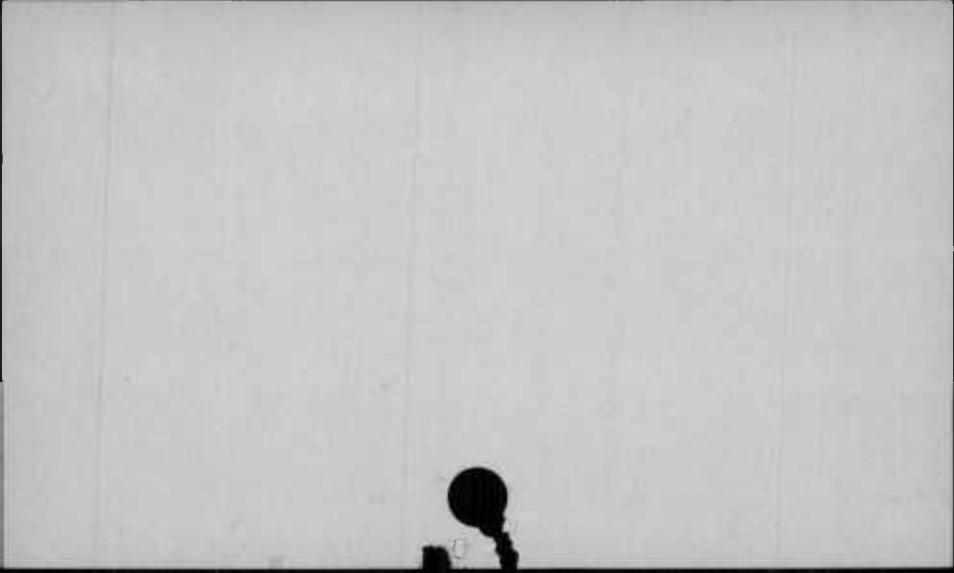
Cause of Death Primary *still born* How long sick *---*

Immediate *---* Accident, Suicide, Homicide *---*

Reported by *J. L. English coroner*

Address *Mardela Spgs Md*

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sarah A. Walker</i>		County <i>McComie</i>		MARYLAND	
Died at <i>Mar Spring Brook</i>		Town			
Date of death	1906	Month	2	Day	9
Age		Years	38	Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Lady		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph W. Walker		
Father's Name	J. H. Bennett		Father's Birthplace	Md	
Mother's Maiden Name	S. C. Shockley		Mother's Birthplace	Md	
Name of person giving information	Wiley Bennett		How related to deceased	Brother	

## CAUSES OF DEATH

Primary

*Child's Birth*

How long

*(140)*

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

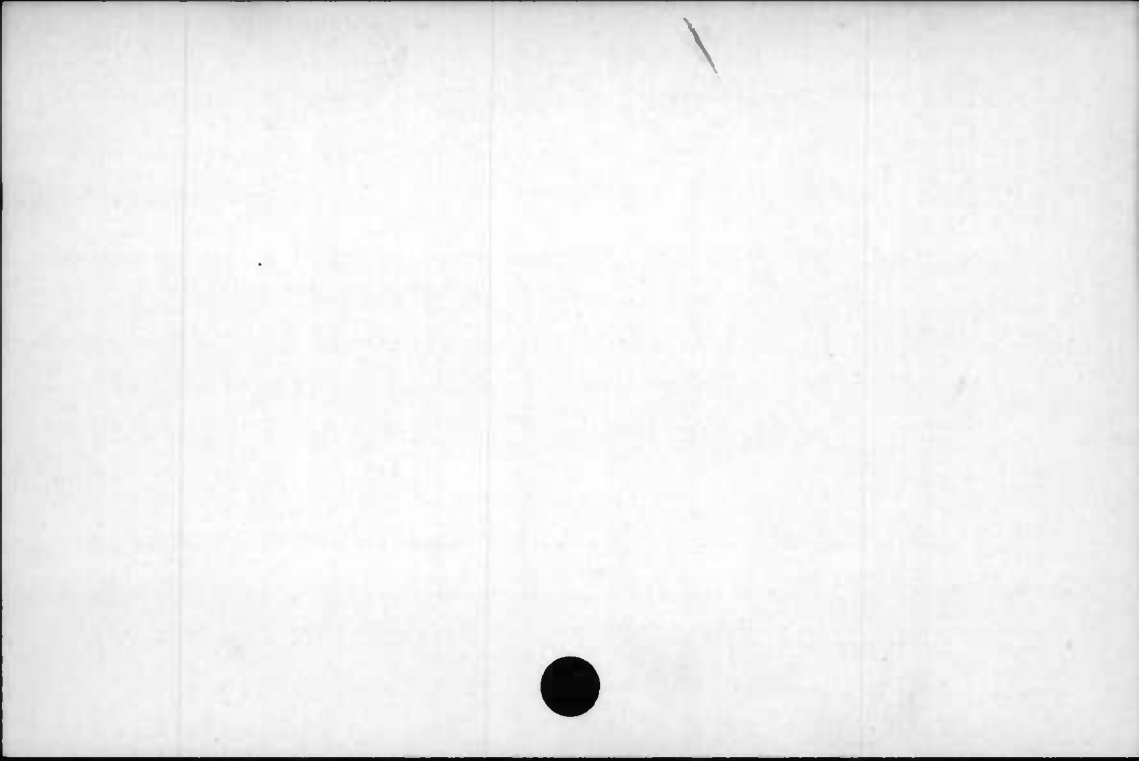
*A. L. English*

Address

*Mandla spgs. Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

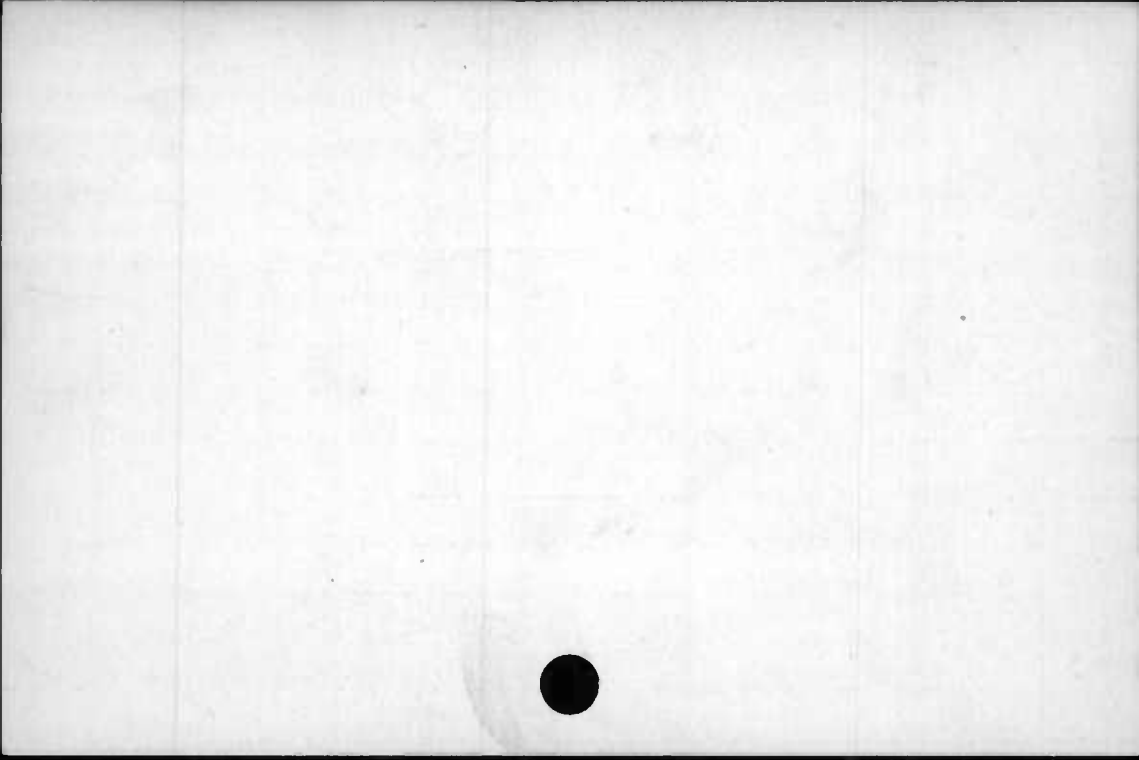
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant no name Waller</i>		Town <i>Schisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Schisbury</i>		Month <i>Feb</i>		Day <i>9</i>		Years <i>few hours</i>	
Date of death <i>1906 Feb 9</i>		Age <i>few hours</i>		Months <i>few hours</i>		Days <i>few hours</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Schisbury Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Waller</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lilly Washell</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John Waller</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Permeated with</i>		How long <i>few hours</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis W. Morris MD</i>	
		Address <i>Schisbury Md</i>	
Accident or Suicide?			





Name  
In Full

## CERTIFICATE OF DEATH

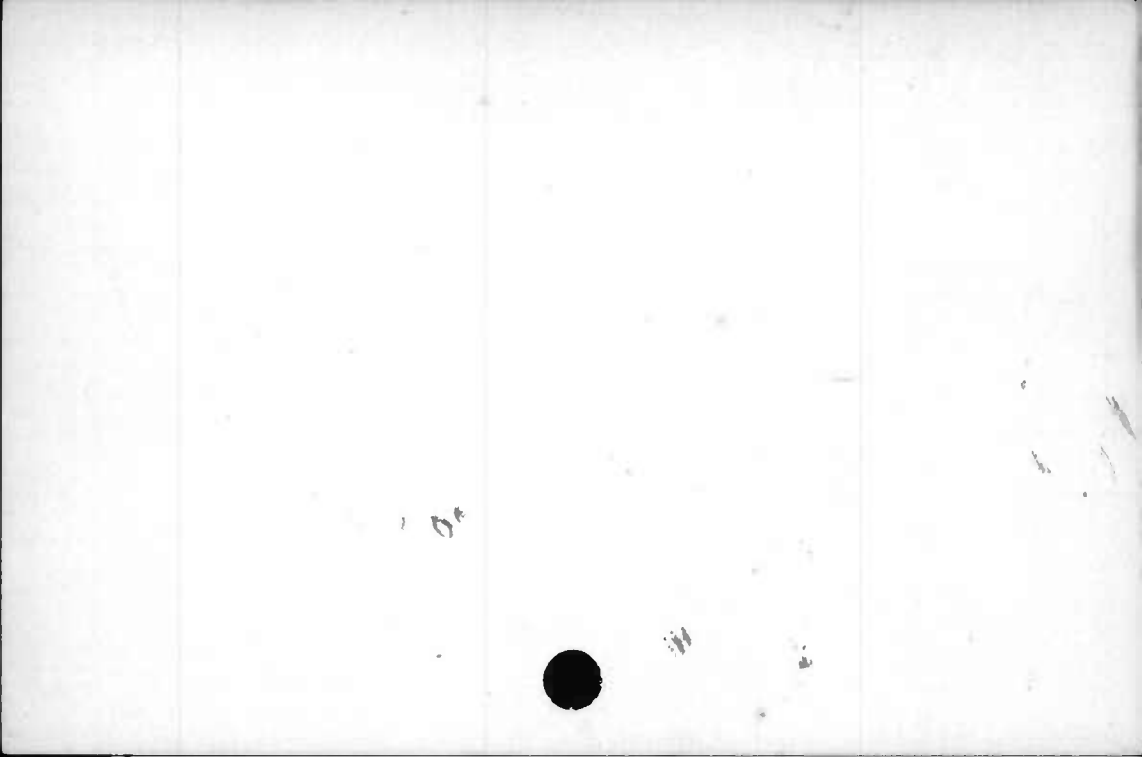
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Susan Williams</i>		Town <i>Mar Quantico</i>		County <i>Wicomico</i>		MAYLAND	
Died at <i>Mar Quantico</i>		Date of death <i>1906 Feb 18</i>		Age <i>80</i>		Months <i>11</i> Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Mar Quantico</i>			
Occupation <i>Cook and Nurse</i>		Where Residing if not at place of death <i>11</i>					
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name of <del>Wife</del> Husband <i>Henry Williams</i>					
Father's Name <i>James Dashill</i>		Father's Birthplace <i>Mar Quantico</i>					
Mother's Maiden Name <i>Susan Dashill</i>		Mother's Birthplace <i>Quantico</i>					
Name of person giving information <i>Capt C. Hughes</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Kidney Trouble from old age</i>	How long <i>120</i>
Immediate	<i>from old age</i>	How long <i>2 or 3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm H. H. Dashill</i>
		Address <i>Quantico Md</i>
Accident or Suicide?		



Name in Full		Amos W. Woodcock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death	1906	Month Feb	Day 23	Age 75	Years 8	Months 17
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Jeweler		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband		Julia A. Wright	
	Father's Name	Thomas Woodcock		Father's Birthplace		Balto Co Md	
	Mother's Maiden Name	Hauke		Mother's Birthplace		Pennsylvania	
	Name of person giving information	A. W. Woodcock Jr		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Strangulated Hernia		How long	Few Hours		
	Immediate	Edema of Lungs		How long	Few Hours		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Salisbury Md		
Accident or Suicide?							

